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AF/1645

PTO/SB/31 (10-00)

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**NOTICE OF APPEAL FROM THE EXAMINER TO THE
BOARD OF PATENT APPEALS AND INTERFERENCES**Docket Number (Optional)
PHARMA-0147-C01

In re Application of Bernard R. Brodeur et al.	
Application Number 09/684,883	Filed October 6, 2000
For PROTEINASE K RESISTANT SURFACE PROTEIN OF NEISSERIA MENINGITIDIS	
Group Art Unit 1645	Examiner Albert M. Navarro

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner dated, September 15, 2003, rejecting the following claims: 124, 127-130, 133-137, 170-174, 178, 180 and 181.

The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ 330.00

Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.

The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 13-3402. I have enclosed a duplicate copy of this sheet.

A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

applicant/inventor.

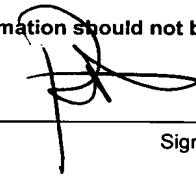
assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed.

attorney or agent of record.

attorney or agent acting under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a)._____


Signature

Richard M. Lebovitz, Reg. No. 37,06:

Typed or printed name

March 15, 2004

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.

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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Services as First Class Mail in an envelope addressed to: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on: 3/15/04
Name: Albert M. Navarro

Signature: Albert M. Navarro